



Complete Summary

TITLE

Oncology: percentage of patients, regardless of age, with a diagnosis of cancer who have completed chemotherapy within the 12 month reporting period who: A) have a chemotherapy treatment summary documented in the chart; AND B) have documentation that the written chemotherapy treatment summary was provided to the patient; AND C) have documentation that the chemotherapy treatment summary was communicated to the physician(s) providing continuing care.

SOURCE(S)

American Society for Therapeutic Radiology and Oncology, American Society of Clinical Oncology, Physician Consortium for Performance Improvement®. Oncology physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Jun. 48 p. [16 references]

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients, regardless of age, with a diagnosis of cancer who have completed chemotherapy within the 12 month reporting period who:

- A. have a chemotherapy treatment summary documented in the chart; AND
- B. have documentation that the written chemotherapy treatment summary was provided to the patient; AND
- C. have documentation that the chemotherapy treatment summary was communicated to the physician(s) providing continuing care.

RATIONALE

Timely, accurate, and effective communications are critical to quality and value in contemporary medical practices. This measure is broken into 3 distinct components to encourage sharing of communication about the patient's course of treatment with the patient him/herself, the physician providing continuing care for the patient, and documented in the medical record. Since each component of the numerator will be scored separately, physicians will know exactly which aspect of care may need improvement.*

*The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

The chemotherapy treatment summary should be prepared at the completion of a course of treatment. The core elements of a chemotherapy treatment summary are:

- Chemotherapy treatment delivered, including number of cycles administered, duration, and extent of dose reduction
- Reason treatment was stopped
- Major toxicities and/or hospitalizations
- Treatment response
- Follow up care and relevant providers

This may occur at the end of a course of adjuvant therapy, before a planned surgical resection, or after disease progression. Treatment breaks, holidays, and minor modifications are not envisioned as triggering preparation of such a summary. The treatment plan and summary are not intended to replace detailed chart documentation, including complete patient histories or chemotherapy flow sheets. (American Society of Clinical Oncology [ASCO])

PRIMARY CLINICAL COMPONENT

Cancer; adjuvant chemotherapy; treatment summary

DENOMINATOR DESCRIPTION

All patients, regardless of age, with a diagnosis of cancer who have completed adjuvant chemotherapy treatment within the 12 month reporting period (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

This numerator has 3 components that must be calculated individually:

- A. Patients who have a chemotherapy treatment summary documented in the chart
- B. Patients who have a documentation that a written chemotherapy treatment summary was provided to the patient
- C. Patients who have documentation that the chemotherapy treatment summary was communicated to the physician(s) providing continuing care

See the related "Numerator Inclusions/Exclusions" field in the Complete Summary.

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

All patients, regardless of age

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better
Living with Illness

IOM DOMAIN

Effectiveness
Patient-centeredness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All patients, regardless of age, with a diagnosis of cancer who have completed adjuvant chemotherapy treatment within the 12 month reporting period

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All patients, regardless of age, with a diagnosis of cancer who have completed adjuvant chemotherapy treatment within the 12 month reporting period

Exclusions

- Documentation of a patient reason(s) for not having either a chemotherapy treatment summary documented in the chart **OR** not having documentation that the chemotherapy treatment summary was communicated to the patient **OR** not having documentation that the chemotherapy treatment summary was communicated to the physician(s) providing continuing care (e.g., patient requests that report not be sent)
- Documentation of system reason(s) for not having either a chemotherapy treatment summary documented in the chart **OR** not having documentation that the written chemotherapy treatment summary was provided to the patient **OR** not having documentation that the chemotherapy treatment summary was communicated to the physician(s) providing continuing care (e.g., patient does not have any physician responsible for providing continuing care)

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Therapeutic Intervention

DENOMINATOR TIME WINDOW

Time window brackets index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

This numerator has 3 components that must be calculated individually:

- A. Patients who have a chemotherapy treatment summary* documented in the chart
- B. Patients who have documentation that a written chemotherapy treatment summary* was provided to the patient
- C. Patients who have documentation that the chemotherapy treatment summary* was communicated to the physician(s) providing continuing care

**Treatment Summary definition* - a report that includes mention of all of the following components: 1) chemotherapy treatment delivered (including number of cycles administered, duration, and extent of dose reduction); 2) reason treatment was stopped; 3) major toxicities and/or hospitalizations; 4) treatment response; 5) follow up care and relevant providers.

This measure requires that ALL components listed within the numerator statement should be provided in order to meet the measure.

Exclusions

None

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Episode of care

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure**SCORING**

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Measure #5: treatment summary documented and communicated - medical oncology.

MEASURE COLLECTION

[The Physician Consortium for Performance Improvement® Measurement Sets](#)

MEASURE SET NAME

[Oncology Physician Performance Measurement Set](#)

SUBMITTER

American Medical Association on behalf of the American Society for Therapeutic Radiology and Oncology, the American Society of Clinical Oncology, and the Physician Consortium for Performance Improvement®

DEVELOPER

American Society for Therapeutic Radiology and Oncology
American Society of Clinical Oncology
Physician Consortium for Performance Improvement®

FUNDING SOURCE(S)

Unspecified

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

Patricia Ganz, MD (*Co-Chair*); James Hayman, MD (*Co-Chair*); Joseph Bailes, MD; Nancy Baxter, MD, PhD; Joel V. Brill, MD; Steven B. Clauser, PhD; Charles Cleeland, PhD; J. Thomas Cross, Jr. MD, MPH; Chaitanya R. Divgi, MD; Stephen B. Edge, MD; Patrick L. Fitzgibbons, MD; Sue Frechette; Myron Goldsmith, MD; Joel W. Goldwein, MD; Alecia Hathaway, MD, MPH; Kevin P. Hubbard, DO; Nora Janjan, MD, MPSA; Maria Kelly, MB, BCh; Wayne Koch, MD; Andre Konski, MD; Len Lichtenfeld, MD; Norman J. Marcus, MD; Catherine Miyamoto, RN, BSN; Michael Neuss, MD; Jean Owen, PhD; David F. Penson, MD, MPH; Louis Potters, MD; John M. Rainey, MD; Christopher M. Rose, MD; Lee Smith, MD; Lawrence A. Solberg, MD, PhD; Paul E. Wallner, MD; J. Frank Wilson, MD; Rodger Winn, MD

American Society for Therapeutic Radiation and Oncology: Dave Adler; Robyn Watson, PhD; Emily Wilson

American Society of Clinical Oncologists: Pamela Kadlubek, MPH; Kristen McNiff, MPH; Julia Tompkins

American College of Radiation Oncology: Jennifer Dreyfus

American College of Surgeons: Julie Lewis

American Medical Association: Joseph Gave, MPH; Kendra Hanley, MS, CHE; Erin O. Kaleba, MPH; Karen Kmetik, PhD

Centers for Medicare & Medicaid Service: Tiffany Sanders, MD

College of American Pathologists Staff: Fay Shamanski, PhD

Consumer Representative: Catherine D. Harvey, Dr.PH

Health Plan Representative: Ranae Dahlberg

Consortium Consultant: Rebecca Kresowik; Timothy Kresowik, MD

National Committee for Quality Assurance: Donna Pillittere

National Comprehensive Cancer Network: Joan McClure, MS

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

ENDORSER

National Quality Forum

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2007 Oct

REVISION DATE

2008 Jun

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

American Society for Therapeutic Radiology and Oncology, American Society of Clinical Oncology, Physician Consortium for Performance Improvement®. Oncology physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Jun. 48 p. [16 references]

MEASURE AVAILABILITY

The individual measure, "Measure #5: Treatment Summary Documented and Communicated - Medical Oncology," is published in the "Oncology Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site: www.physicianconsortium.org.

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

NQMC STATUS

This NQMC summary was completed by ECRI Institute on September 8, 2008. The information was verified by the measure developer on October 16, 2008.

COPYRIGHT STATEMENT

© 2007 American Medical Association. All Rights Reserved.

CPT® Copyright 2006 American Medical Association

Disclaimer

NQMC DISCLAIMER

The National Quality Measures Clearinghouse™ (NQMC) does not develop, produce, approve, or endorse the measures represented on this site.

All measures summarized by NQMC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public and private organizations, other government agencies, health care organizations or plans, individuals, and similar entities.

Measures represented on the NQMC Web site are submitted by measure developers, and are screened solely to determine that they meet the NQMC Inclusion Criteria which may be found at <http://www.qualitymeasures.ahrq.gov/about/inclusion.aspx>.

NQMC, AHRQ, and its contractor ECRI Institute make no warranties concerning the content or its reliability and/or validity of the quality measures and related

materials represented on this site. The inclusion or hosting of measures in NQMC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding measure content are directed to contact the measure developer.

© 2008 National Quality Measures Clearinghouse

Date Modified: 11/17/2008

